



**Bangor School District**

**Benefit Summary  
07/01/2022**

<b>Plan Benefits</b>			
<b>Network</b>	Alliance/PHCS		
<b>Plan Type</b>	EPO - QHDHP		
<b>Accumulation Type</b>	Non-Embedded		
<b>Benefit Accumulator</b>	Plan Year		
	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Deductible</b>	\$3,000/\$6,000	N/A	
<b>Coinsurance</b>	100%	N/A	
<b>Maximum Out of Pocket</b> (Ded, Coins and Rx)	\$3,000/\$6,000	N/A	
<b>Medical Benefits</b>			
Inpatient Hospital	Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered	
Office Visit	Deductible/100%	Not Covered	
Specialist Office Visit	Deductible/100%	Not Covered	
Preventive Exam	100%/Ded. Waived	Not Covered	
Manipulation	Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered	
Urgent Care	Deductible/100%	Not Covered	
Emergency Room Care	PPO Deductible/100%		
Mental Health/Subst. Abuse:			
Office Visit	PPO Deductible/100%		
Inpatient	Deductible/100%	Not Covered	
Outpatient	PPO Deductible/100%		
High Tech Imaging Coverage	Deductible/100%	Not Covered	
Oral Surgery	Deductible/100%	Not Covered	
All Other Covered Medical Services	Deductible/100%	Not Covered	
<b>Teladoc Benefits</b>	PPO Deductible/100%		
<b>Pharmacy Benefits</b>			
Drug Plan Formulary	<b>Generic</b>	<b>Preferred</b>	<b>Non-Preferred</b>
Retail, 30 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
Retail, 31-90 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
Mail Order, 90 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
Specialty, 30 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%
	Mandatory Generic: No		
	Rx Max Out-of-Pocket: Included in Medical		

This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.